,我们就是我们的一个人,我们就是我们的一个人,我们就是我们的一个人,我们就是我们的一个人,他们就是我们的一个人,他们就是我们的一个人,他们就是我们的一个人,他们

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DATENT APPLICATION FEE DETERMINATION RECORD

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Application of the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless if displays a valid OMB control number. Substitute for Form PTO-875 CLAIMS AS FILED - PART I OTHER THAN (Column 1) SMALL ENTITY (Column 2) OR SMALL ENTITY FÖR NUMBER FILED NUMBER EXTRA RATE FEE RATE FEE (37 CFR 1.16(a)) OR TOTAL CLAIMS (37 CFR.1.16(c)) minus 20 = OR INDEPENDENT CLAIMS (37 CFR 1.16(b)) minus 3 a X 1 OR X S MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d)) OR If the difference in column 1 is less than zero, enter "O" in column 2. TOTAL OR TOTAL CLAIMS AS AMENDED - PART II OTHER THAN (Column 1) (Cotumn 2) (Column 3) OR SMALL ENTITY SMALL ENTITY CLAMS HIGHEST REMAINING PRESENT NUMBER RATE ADDI-TIONAL ENDMENT RATE AFTER ADD1-0 mPREVIOUSLY EXTRA AMENDMENT TIONAL PAIDFOR FEE FEE COT CTR 1.16(4) x450 OR Independent OF CFR 1,150-3 *:JOC 200 OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(4)) +2180 +.360 OR TOTAL TOTAL ADO'L FEE OR ADD'L FEE (Column 1) (Column 2) (Column 3) CLAMS HIGHEST m REMAINING PRESENT NUMBER PREVIOUSLY RATE ADOI-TIONAL ENT AFTER AMENDMENT RATE ADDI EXTRA TIONAL PAID FOR FEE Total CV CFR LH(c) FEE ENDM **Hins** 50 OR Independent pr ciri 1,1600 Mirus 100 × OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(4)) +180 +.360 OR TOTAL TOTAL ADD'L FEE OR ADD'L FEE (Column 1) (Column 2) (Column 3) CLAIMS REMAINING HIGHEST ပ NUMBER PREVIOUSLY PRESENT RATE RATE ENDMENT ADDL AFTER **EXTRA** TIONAL TIONAL AMENDMENT PAID FOR FEE FEE Minus Total OF CFR 1.15(c) OR tridependent Minus 100 Ž :17)(FIRST PRESENTATION OF MULTIPLE DEPONDENT CLAIM (D7 OFR 1.1680) + 360 OR TOTAL ADD'S FEE OR ADO'L FEE

If the entry in cotums 1 is loss than the entry is column 2, write, TV, in spignon 3...

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter 20".

The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter TV.

The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter TV.

This collection of Information is required by 37 CFR 1.16. The Information is required to obtain or retain a benefit by the public which is to the (and by the USPTO to process) an application. Confidentially is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to tate 12 minutes to complete, including gathering, preparing, and submitting the completed application forms to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete fits form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1450.